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Steven Jordan, Director

October 6, 2010

MEMORANDUM

TO: All Interested Parties
FROM: Steven Jordan *SS*
SUBJECT: Summary Version of Special Implementation Update #79

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; refer to the detailed version as the authority to avoid confusion.

Critical Access Behavioral Health Agencies: Prior Authorization and Billing for Mental Health/Substance Abuse Targeted Case Management

- In order for Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM) claims to adjudicate appropriately, when submitting claims for Mental Health/Substance Abuse Targeted Case Management, please ensure that prior authorization has been received from the appropriate utilization management vendor (ValueOptions, The Durham Center or Eastpointe local management entity [LME]).
- If the authorization request has not been approved, when a claim is submitted, it will be denied.
- To request prior authorization for recipients who are being transitioned from the case management component of Community Support (CS) Services to Mental Health/Substance Abuse Targeted Case Management, providers must submit a Letter of Attestation to ValueOptions for each recipient who will be transitioned.
- Detailed information on submitting Letters of Attestation can be found in Implementation Update #77 (<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/>).
- Critical Access Behavioral Health Agencies (CABHAs) may also submit prior authorization requests for recipients new to case management services.
 - These would be recipients who are not currently receiving the case management portion of CS.
 - As a reminder, all initial requests for MH/SA TCM (not Attestation Letters but regular initial requests) should be sent to ValueOptions, Eastpointe (for Eastpointe consumers) or The Durham Center (for Durham consumers) respectively.
 - To request initial prior authorization for these recipients, providers must submit the inpatient treatment request (ITR), person centered plan (PCP), and a signed service order to the appropriate utilization management vendor for the recipient's catchment area (ValueOptions, The Durham Center, or Eastpointe).



Critical Access Behavioral Health Agencies Enrollment/Authorization/Billing Seminars for September/October

- Three more enrollment/authorization/billing seminars have been scheduled in the coming weeks at the sites listed in the full version of IU Special Implementation Update #79.
- Information presented at the seminars is applicable to all providers who have been certified as Critical Access Behavioral Healthcare Agencies or are in the process of certification.
- Attendees are encouraged to review Implementation Updates #73, #75, #76, #77 and #78 in preparation.
- An updated training packet will be available on the Division of Medical Assistance (DMA) website the week of the trainings: <http://www.ncdhhs.gov/dma/provider/seminars.htm> **Please print the packet and bring it to the training as there will be only limited copies available.**

Frequently Asked Questions Regarding Critical Access Behavioral Healthcare Agency Enrollment, Authorization, and Billing

- Based on feedback from participants in the Critical Access Behavioral Healthcare Agency Enrollment/Authorization/Billing Seminars that took place in August, the Division of Medical Assistance (DMA), in conjunction with their vendors (CSC, ValueOptions, and HP Enterprise Services), have developed a list of Frequently Asked Questions (FAQs) related to the key areas of enrollment, authorization, and billing.
- These FAQs can be found on the DMA Behavioral Health Critical Access Behavioral Healthcare Agency webpage: <http://www.ncdhhs.gov/dma/services/cabha.htm>

Provider Contractual and Legal Responsibility for Safeguarding the Maintenance, Retention, and Disposition of Records

- A provider's obligation to safeguard records accrued during the course of providing publicly-funded mental health, developmental disabilities, or substance abuse services is outlined in various agreements, policies, and state and federal laws that address the provider's responsibility for the proper maintenance, retention, and disposition of records.
- This includes making certain that records are stored in an environment that ensures preservation of the records and that safeguards the privacy, security, and confidentiality of the records.
- Such obligations are binding and extend beyond the time that the provider is enrolled or under contract, regardless of whether discontinuation as a provider is voluntary or involuntary.
- The abandonment of records and the failure to safeguard the privacy, security, and disposition of records is a violation of state and federal laws and is subject to sanctions and penalties.
- Upon discovering that provider records have been abandoned, the records officer at the Local Management Entity should be immediately notified.

Critical Access Behavioral Healthcare Agency Benchmarks and Transition Planning

- **The Centers for Medicare and Medicaid Services (CMS) approved a State Plan Amendment which allows only certified Critical Access Behavioral Healthcare Agencies to deliver Community Support Team (CST), Intensive In-home Services (IHH) and Day Treatment Services (DT) effective January 1, 2011.**
- **On and after that date, only Critical Access Behavioral Healthcare Agencies are authorized to be reimbursed for the provision of Community Support Team, Intensive In-home Services and Day Treatment.**
- **Additionally, Community Support will no longer be a covered service, effective January 1, 2011.**
- **Recipients in need of continued case management who meet the eligibility requirements for Mental Health/Substance Abuse Targeted Case Management may need to be transitioned to Mental Health/Substance Abuse Targeted Case Management.**
- **Only Critical Access Behavioral Healthcare Agencies are authorized to be reimbursed for the provision of Mental Health/Substance Abuse Targeted Case Management.**



- While most providers currently providing services may continue service delivery until December 31, 2010, it is critically important that all providers understand the benchmarks established so that consumers receiving Community Support, Community Support Team, Day Treatment, and Intensive In-home Services from non- Critical Access Behavioral Healthcare Agency certified agencies experience a timely and seamless transition to Critical Access Behavioral Healthcare Agency certified agencies or other basic outpatient services.

To facilitate a smooth transition for recipients from providers who will not meet Critical Access Behavioral Healthcare Agency certification by January 1, 2011, benchmarks have been established in consultation with Centers for Medicare and Medicaid Services in Special Implementation Update #79 <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>.

Benchmarks will apply to Medicaid, State-funded, and Health Choice recipients.

Re-Endorsement for Community Support Team, Intensive In-home Services and Day Treatment Services and Community Support Providers Not Expected to Receive Critical Access Behavioral Healthcare Agency Certification by December 31, 2010.

- For provider agencies with an endorsement expiration date between now and December 31, 2010 of Community Support Team, Intensive In-home Services, Day Treatment, or Community Support, the Department of Health and Human Service will automatically extend the endorsement to December 31, 2010 for provider agencies that are not expected to receive Critical Access Behavioral Healthcare Agency certification by December 31st.
- Local Management Entities will not be required to re-endorse providers of Community Support Team, Intensive In-home Services, Day Treatment, or Community Support (that are not expected to receive Critical Access Behavioral Healthcare Agency certification by December 31, 2010) as outlined in the NC Department of Health and Human Service Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable Mental Health/Developmental Disabilities/Substance Abuse services, effective December 3, 2007 and Implementation Update #54.
- A Notification of Endorsement Action (NEA) letter will not be required for this purpose.

Applications for Community Support Team, Intensive In-home Services and Day Treatment Services

- Any new applications for endorsement for Community Support Team, Intensive In-home Services, and Day Treatment will be terminated by Local Management Entities effective September 30, 2010 for any providers that have not submitted a completed Letter of Attestation and application on or before August 31, 2010 to obtain Critical Access Behavioral Healthcare Agency certification.

CABHA Attestation Letters Update

- If a Critical Access Behavioral Healthcare Agency provider applicant has a continuum or key staff change (Medical Director, Clinical Director, QualityManagement/Training Director) the provider must resubmit the attestation letter and the required supporting documents per Implementation Update #75.
- This resubmission due to a change in the continuum or key staff position will count as one of the three submissions. Please note this change took effect per the posting on the Critical Access Behavioral Healthcare Agency Webpage (<http://www.ncdhhs.gov/MHDDSAS/cabha/>) on September 28, 2010.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.

